

375TH MEDICAL GROUP FEEDBACK FORM

Would you like a response to your comment?

____ Yes

____ No

If so, please provide us with your name and phone number in the space below and someone will get back with you soon.

(Name)

(Phone Number)

If you prefer taking this form with you and returning it at your convenience, it can be mailed to the following address:

375 MDG/SGQ
310 W. Losey Street
Scott AFB, IL 62225-5252

You can also find a Webpage form at the following :

<https://public.scott.amc.af.mil/review/Scott%20Hosp/>
You will find this questionnaire under Patient Services.

Your comments can also be directed to the Medical Group Patient Advocate at (618) 256-7374.

Thank you for completing the 375 MDG survey. Your candid evaluation of our services is invaluable and much appreciated.



Welcome to the 375th Medical Group at Scott Air Force Base! We want to take this opportunity to thank you for choosing us as the provider for your health care needs.

To help us gauge our effectiveness in meeting your needs, please complete this brief questionnaire. The questionnaire should take only a few minutes to complete. Your input is very important to us.

SERVICE FIRST

PLEASE CHECK THE APPROPRIATE RESPONSE

Which clinic/department did you visit today?

_____ Date: _____

How would you rate the overall service you received?

 POOR **SATISFACTORY** **EXCELLENT**

1. Did you have an appointment?

 Yes No (Please proceed to question #5)

2. Were you seen by your provider at your scheduled appointment time?

 Yes **No**

3. If not, were you informed of the delay?

_____ **Yes** _____ **No**

4. Approximately how long did you have to wait before you were checked in?

5. Were you greeted and received promptly at the reception desk?

_____Yes _____No _____Not Applicable

6. Was the staff courteous and responsive to your needs?

_____ **Yes** _____ **No**

7. Were all your needs/questions addressed during this visit?

_____ **Yes** _____ **No**

8. Were follow-up appointments arranged and/or home/after care instructions given?

_____ Yes _____ No _____ Not Applicable

9. Is there a person or event that you would like to highlight from this visit and why?

10. If you have any other concerns or comments, please let us know in the space provided below:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.